

Postępowanie w stanach przedrakowych krtani -dylematy i znaki zapytania

The problems and question marks in precancerous lesions of the larynx

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Summary

Background: Development of the laryngeal squamous cell carcinoma is taking place on the base of well-documented precancerous lesions. In histological examination precancerous lesions show dysplasia which may be reversible. The quick and proper diagnosis allows for applying the adequate and successful treatment. **Aim:** Aim of the study was to evaluate the incidence of precancerous lesions of the larynx, their potential to evolve in relation to grade of dysplasia and discuss the pathologic findings. **Material and method:** Retrospective analysis of histopathological documentation and ambulatory cards gathered in ENT Department between 1994—2003 was performed. The 173 patients with dysplasia and carcinoma *in situ* of vocal cord were analyzed. **Results:** The 2719 directoscopies were performed in 10 year period. Two out of 117 patients with moderate and 5 out of 27 with severe dysplasia were treated for laryngeal cancer during the follow up period. Out of these 117 patients the group of 46 patients was chosen, in whom more than 2 microlaryngoscopies were performed (more than 3 in 71,7%) with mean follow up period 4,2 years (from 4 month to 10 years). This group of 45 males and 1 female with dysplasia was carefully analyzed. The mean age was 59,6. Hoarseness from 2 weeks to 20 years (mean 17,5 month) was observed, but most often the patients were seen by the doctor in 2 month duration of complaints. The time between first presentation in Outpatient Department and direct laryngoscopy was from 1 day to 1,5 year, but as routine 2 week period was established. In 10 cases the up-grading of dysplasia was observed. The pathologic findings were presented. **Conclusions:** Quick, adequate (sensitive, specific) diagnostics of premalignancy in the glottis allows for effective and not humiliating treatment (phonosurgery, laser, partial laryngectomy). The rigid schedule of precancerous patient's treatment and follow-up should be dropping. The further diagnostic directions should attempt to find more sensitive methods than the routine histological examination for the assessment of the dysplastic lesions, allowing better evaluation of the risk for cancer development.